

RETIREE MEMBERSHIP APPLICATION

Mr. Ms. Mrs.

Name:	
Address:	
City:	Prov/State: Country:
Telephone:	Email:
Last Date of Employment: (MM/DD/YY)	

To apply for retiree status, please verify that you meet the requirements listed below.

- I am or have been a member of CIRI.
- I am not currently engaged in professional activities which qualify as acceptable work experience to receive a regular CIRI membership.
- I agree that I will promptly notify CIRI, in writing, if I resume professional activities.
- I acknowledge that I remain obligated to comply with CIRI's code of ethics.

Payment Information

Retiree Dues: \$145.00 + applicable taxes (ON, NB, NL =13%, NS, PE, QC =15%, AB, BC, MB, NT, NU, SK, YT =5%, USA or others =15%) Total Amount: _____

Name on Credit Card: _____ Expiry Date (MM/YY): _____

Credit Card Number: _____ CVV#: _____

Signature: _____ Date (MM/DD/YY): _____

Consent: I consent to the collection, use and disclosure of my personal information during the course of my membership for the purposes set out in the CIRI Members' Privacy Policy, which is available on CIRI.org I further consent to my contact information being published in web or print directories produced by CIRI and/or its chapters. Yes No

Signature _____ Date (MM/DD/YY): _____

Remit to: Patricia MacPherson at pmacpherson@ciri.org or by fax (416) 364-2805. If you have questions please contact Patricia via the email above or by telephone at (416) 364-8200 x 228.